



STATE OF MISSOURI
DIVISION OF PROFESSIONAL REGISTRATION
**VERIFICATION OF PARENTERAL MODERATE
SEDATION REQUIREMENTS**

**PLEASE TYPE OR PRINT
LEGIBLY IN BLACK INK**

MISSOURI DENTAL BOARD
3605 MISSOURI BOULEVARD
P.O. BOX 1367
JEFFERSON CITY MO 65102-1367
TELEPHONE: (573) 751-0040
TTY: (800) 735-2966

SECTION I – APPLICANT INFORMATION

Instructions: Complete Section I and mail this form to the Postgraduate Program Director for verification of your having met the qualifications for a permit to administer parenteral conscious sedation.

NAME (FIRST, MIDDLE, LAST, SUFFIX, FORMER/MAIDEN)

MAILING ADDRESS

CITY

STATE

ZIP CODE

In order to obtain a permit to administer parenteral moderate sedation, the Missouri Dental Board requires that I submit evidence of my having completed an approved postgraduate program. You are hereby authorized to release any information in your possession pertaining to me, favorable or otherwise, directly to the Missouri Dental Board at the above address.

APPLICANT SIGNATURE

DATE

SECTION II – TO BE COMPLETED BY POSTGRADUATE PROGRAM DIRECTOR

NAME OF POSTGRADUATE PROGRAM DIRECTOR

I AM THE PROGRAM DIRECTOR OF A POSTGRADUATE PROGRAM APPROVED OR ACCREDITED TO TEACH POSTGRADUATE DENTAL OR MEDICAL EDUCATION BY ONE OF THE FOLLOWING:

- ☐ The American Dental Association;
- ☐ The Accreditation Council for Graduate Medical Education of the American Medical Association (AMA); or
- ☐ The Education Committee of the American Osteopathic Association (AOA).

NAME AND LOCATION OF POSTGRADUATE PROGRAM

TELEPHONE NUMBER

**DATES APPLICANT PARTICIPATED
IN THE ABOVE PROGRAM ▶**

FROM (MONTH/YEAR)

TO (MONTH/YEAR)

DATE PROGRAM COMPLETED

1. DID THE APPLICANT SATISFACTORILY COMPLETE A POSTGRADUATE PROGRAM THAT IS A MINIMUM OF TWELVE (12) CONTINUOUS MONTHS IN LENGTH AND IS APPROVED OR ACCREDITED TO TEACH POSTGRADUATE DENTAL OR MEDICAL EDUCATION BY THE ADA, ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION OF THE AMERICAN MEDICAL ASSOCIATION (AMA), OR THE EDUCATION COMMITTEE OF THE AMERICAN OSTEOPATHIC ASSOCIATION (AOA) WHICH INCLUDED THE FOLLOWING:

- a) Sixty (60) hours of didactic training in pain and anxiety control and related subjects in accordance with the guidelines of the American Dental Association;
- b) Successful management of parenteral moderate sedation in twenty (20) dental patients. Management of parenteral moderate sedation shall be defined as performing and responsible for all aspects of the sedation procedure from patient selection to patient discharge post sedation for each of the twenty (20) dental patients.
- c) General anesthesia training in which there is four (4) weeks documented operating room clinical experience in airway management;
- ☐ Yes ☐ No (If no, please attach a detailed explanation.)

I further certify that the above named applicant has demonstrated competency in airway management and in parenteral conscious sedation.

☐ Yes ☐ No

PROGRAM DIRECTOR SIGNATURE

DATE